

FORFLOW.008CP1

PATENT



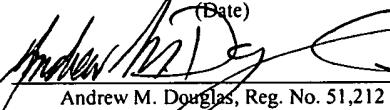
IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant : Anthony Viole et al.  
Appl. No. : 10/078,283  
Filed : February 14, 2002  
For : MULTILUMEN CATHETER FOR  
MINIMIZING LIMB ISCHEMIA  
Examiner : Mark W. Bockelman  
Group Art Unit : 3762

CERTIFICATE OF MAILING

I hereby certify that this correspondence and all marked attachments are being deposited with the United States Postal Service as first-class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on

August 2, 2004

  
(Date)  
Andrew M. Douglas, Reg. No. 51,212

RESPONSE TO OFFICE ACTION

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

This paper is being filed in response to the office action mailed April 1, 2004 (the Office Action).

**Amendments to the Claims** are reflected in the listing of claims which begins on page 2 of this paper.

**Remarks/Arguments** begin on page 9 of this paper.

08/06/2004 WASFAW1 00000018 10078283

01 FC:2202  
02 FC:2201

117.00 0P  
86.00 0P

RECEIVED  
AUG 10 2004  
TECHNOLOGY CENTER 23700



## AMENDMENT / RESPONSE TRANSMITTAL

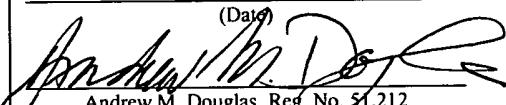
Applicant : Anthony Viole et al.  
 App. No. : 10/078,283  
 Filed : February 14, 2002  
 For : MULTILUMEN CATHETER  
       FOR MINIMIZING LIMB  
       ISCHEMIA  
 Examiner : Mark W. Bockelman  
 Art Unit : 3762

## CERTIFICATE OF MAILING

I hereby certify that this correspondence and all marked attachments are being deposited with the United States Postal Service as first-class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on

August 2, 2004

(Date)


 Andrew M. Douglas, Reg. No. 51,212

Commissioner for Patents  
 P.O. Box 1450  
 Alexandria, VA 22313-1450

Sir:

Transmitted herewith for filing in the above-identified application are the following enclosures:

Response to Office Action in 18 pages.  
 The present application qualifies for small entity status under 37 C.F.R. § 1.27.

The fee has been calculated as shown below:

FEE CALCULATION				
FEE TYPE		FEE CODE	CALCULATION	TOTAL
Total Claims	33 - 20 = 13	2202 (\$9)	13 x 9 =	\$117
Independent Claims	6 - 4 = 2	2201 (\$43)	2 x 43 =	\$86
Multiple Claim		2203 (\$145)		\$
1 Month Extension		2251 (\$55)		\$55
2 Month Extension		2252 (\$210)		\$
3 Month Extension		2253 (\$475)		\$
			<b>TOTAL FEE DUE</b>	<b>\$258</b>

An extension of time is hereby requested by payment of the appropriate fee indicated above.  
 A check in the amount of \$258 is enclosed.  
 Return prepaid postcard.

(X) Please charge any additional fees, including any fees for additional extension of time, or credit overpayment to Deposit Account No. 11-1410.



Andrew M. Douglas  
Registration No. 51,212  
Attorney of Record  
Customer No. 20,995  
(949) 760-0404